

REQUEST FOR AUDIOVISUAL SERVICES				1. SECURITY CLASS.		2. STANDARD AV WORK REQUEST NO. (SAVWRN)	
3. REQUESTING ACTIVITY			4. NAME OF REQUESTER			5. UIC	
						6. PHONE NUMBER	
7. DESCRIPTION OF AV SERVICES REQUIRED <i>(Attach diagrams, sketches, scripts, etc.)</i>						8. REQUESTED PRIORITY	
						9. DATE/TIME DUE	
						10. The material requested is hereby certified as being official work and essential to mission accomplishment. SIGNATURE OF AV COORDINATOR DATE SIGNED	
11. COMPLETE THIS SECTION FOR PHOTOGRAPHER REQUESTS ONLY				PHOTOGRAPHER DATA: <i>(Transportation, job date, time, location, contacts, <u>special uniform requirements</u>)</i>			
NO. VIEWS REQ.		NO. CY. EACH VIEW					
SIZE OF COPIES		FINISH					
12. WORK TO BE ACCOMPLISHED <input type="checkbox"/> In House <input type="checkbox"/> Contract				13. IN HOUSE ROUTE TO <input type="checkbox"/> Other <i>(List)</i> <input type="checkbox"/> Photo Lab <input type="checkbox"/> Graphics <input type="checkbox"/> Video <input type="checkbox"/> Audio			
14. FUNCTION SUPPORTED <i>(Check only one)</i> <input type="checkbox"/> Education Training <input type="checkbox"/> Public Info <input type="checkbox"/> Research Dev. & Test <input type="checkbox"/> Combat Readiness <input type="checkbox"/> Other <i>(List)</i> <input type="checkbox"/> Internal Info <input type="checkbox"/> Recruiting <input type="checkbox"/> In. Recon. Crim. Invest. <input type="checkbox"/> Medical Dental							
15. PHOTO LAB <input type="checkbox"/> Shooting <input type="checkbox"/> Aerial <input type="checkbox"/> Color Transparency <input type="checkbox"/> B/W Print <input type="checkbox"/> Other <i>(List)</i> <input type="checkbox"/> B/W Processing <input type="checkbox"/> Color Neg <input type="checkbox"/> Copy <input type="checkbox"/> Color Print							
NO. OF NEGS/POS	SIZE OF NEGS/POS	NO. OF COPIES	SIZE OF COPIES	TOTAL	REMARKS		
MOTION PICTURE FILM <i>(Footage)</i>		Originated <i>(1)</i>		Duplicated <i>(2)</i>		Processed <i>(3)</i>	
16. GRAPHICS							
ORIGINATION			DUPLICATION				
<i>No. of Originals</i>	<i>Size of Originals</i>	<i>No. of Copies</i>	<i>No. of Originals</i>	<i>No. of Copies</i>	<i>Total</i>	<i>Finished Size</i>	
17. VIDEO				18. AUDIO			
ORIGINATION	DUPLICATION	OTHER		ORIGINATION	DUPLICATION	OTHER	
Minutes	Minutes			Minutes	Minutes		
19. OTHER <i>(Aids and Devices, Loan Services, Operator Support, etc.)</i>							
20. SHIPPING ADDRESS <i>(If Applicable)</i>						21. QUALITY CONTROL CHECK BY	
22. REQUESTOR NOTIFIED BY		NAME OF PERSON NOTIFIED				DATE	TIME
23. I HAVE RECEIVED THE ORIGINAL MATERIAL PROVIDED FOR REQUESTED SERVICES <i>(If Applicable)</i>		SIGNATURE				DATE	TIME
		PRINTED LAST NAME					
24. I HAVE RECEIVED THE MATERIAL AS REQUESTED ABOVE		SIGNATURE				DATE	TIME
		PRINTED LAST NAME					